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PTO/SB/82 (10-00)

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/910,641
Filing Date	July 20, 2001
First Named Inventor	Perriann M. Holden
Group Art Unit	3765
Examiner Name	Alissa L. Hoey
Attorney Docket Number	810101-1 (formerly 1827-U-01)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:

☐ Customer Number

OR



33651

PATENT TRADEMARK OFFICE

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Perriann M. Holden

Signature

Date

September 28, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ Total of ONE forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT

Express Mail Label No.: EL844790750US

Attorney Docket No. 1827-U-01 CIP

COMBINED DECLARATION AND POWER OF ATTORNEY
(Original, Design, National Stage of PCT, Supplemental, Divisional,
Continuation or C-I-P)

As a below named inventor, I hereby declare that:

This declaration is of the following type

- | | |
|--|--|
| <input type="checkbox"/> original | <input type="checkbox"/> divisional |
| <input type="checkbox"/> design | <input type="checkbox"/> continuation |
| <input type="checkbox"/> supplemental | <input checked="" type="checkbox"/> continuation-in-part |
| <input type="checkbox"/> national stage of PCT | |

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

PROTECTIVE ATTACHMENT

SPECIFICATION IDENTIFICATION

- (a) ☒ is attached hereto.
- (b) ☐ was filed on _____ as ☐ Serial No. _____
or ☐ _____
and was amended on _____
- (c) ☐ was described and claimed in PCT International Application No. _____,
filed on _____ and as amended under PCT Article 19 on _____

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,

- ☐ and which is material to the examination of this application, namely, information where there is substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☒ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Charles E. Cates, Reg. No. 25,838 and
Frank T. Barber, Reg. No. 16,410

- ☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

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**DIRECT TELEPHONE
CALLS TO:**

Charles E. Cates
(602) 248-0982

DECLARATION

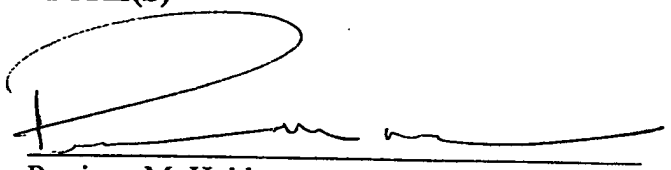
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Dated: 7-20-01, 2001

Residence:

Citizenship:


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